

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 240427US0X
	First Inventor or Application Identifier Kai ROSSEN
	Title METHOD OF PRODUCING 5-FORMYL-2-FURYLBORONIC ACID

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<b>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)</b> <small>(Submit an original and a duplicate for fee processing)</small>	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small> 16. <input checked="" type="checkbox"/> Other: Request for Priority
<b>2. <input checked="" type="checkbox"/> Specification</b> Total Sheets <input type="text" value="12"/>	
<b>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)</b> Total Sheets <input type="text"/>	
<b>4. <input type="checkbox"/> Oath or Declaration</b> Total Pages <input type="text"/>	
<b>a. <input type="checkbox"/> Newly executed (original or copy)</b>	
<b>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))</b> <small>(for continuation/divisional with box 17 completed)</small>	
<b>i. <input type="checkbox"/> DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>	
<b>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</b>	
<b>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</b>	
<b>a. <input type="checkbox"/> Computer Readable Form (CRF)</b>	
<b>b. Specification or Sequence Listing on:</b>	
<b>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</b>	
<b>ii. <input type="checkbox"/> Paper</b>	
<b>c. <input type="checkbox"/> Statements verifying identity of above copies</b>	
<b>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</b> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
<b>18. CORRESPONDENCE ADDRESS</b> Customer Number <b>22850</b> (703) 413-3000 FACSIMILE: (703) 413-2220	

Name: Norman F. Oblon	Registration No.: 24,618
Signature: <i>Kirsten A. Gruneberg</i>	Date: 9/17/03
Name: Kirsten A. Gruneberg, Ph.D.	Registration No.: 47,297



Docket No. 240427US0X

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kai ROSSEN, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: METHOD OF PRODUCING 5-FORMYL-2-FURYLBORONIC ACID

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$790.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00**. A duplicate copy of this sheet is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 9/17/03

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